

23. W. Bullock – W. Bullock Firearms Quals

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

Sheriffs' Standards Division
PO Box 629
Raleigh, NC 27602
Telephone: (919) 779-8213
Fax: (919) 662-4515



Criminal Justice Standards Division
Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980
Fax: (919) 779-8210

FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Form F-9A (rev. 01.18)

This form must be utilized to record the annual In-Service Firearms Training and Qualification for each certified officer in compliance with 12 NCAC 9E .0100 or 12 NCAC 10B .2104. A copy must be maintained in each officer's personnel file at the employing agency, and must be available for inspection by a Commission Staff member. A copy must be attached to the F-5A and submitted to the Criminal Justice Standards Division for all new hires.

SECTION I: Must be completed for every officer.
SECTION II: Must be completed for every officer and signed and dated by the instructor(s).
SECTION III: Must be signed and dated by the officer.
SECTION IV: Must be signed and dated by the Agency Head or designated representative.
SECTION V: Must be completed and signed by the specific certified Specialized Firearms Instructor(s).

I. OFFICER'S NAME: Weldon Bullock SSN (Last 4): [REDACTED]

Certified by: NC Criminal Justice Education and Training Standards Commission: ☐ Yes ☒ No
Certified by: NC Sheriffs' Education and Training Standards Commission: ☒ Yes ☐ No

EMPLOYING/APPOINTING AGENCY: Vance County Sheriff's Office

II. FIREARMS INSTRUCTOR COMPLIANCE – CLASSROOM REQUIREMENT

As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-service firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head or designated representative be notified.

The classroom session was completed on: 09/06/2018 (date).
William T. Bartholomew W. Bullock 100061046 9-6-18
Print Name of Firearms Instructor Signature of Firearms Instructor Instructor # Date Signed

III. ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if I have failed to qualify with any weapons(s) required, I may not carry and/or have access to the weapon until such time as I have qualified. I further understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC .9E .0105 or 12 NCAC 10B .2103 as applicable.

W. Bullock 09/06/2018
Signature of Officer Date Signed

IV. AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force, relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed to qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.

☒ I certify that the in-service firearms training consisted of a minimum of four (4) hours/credits (For Criminal Justice Commission only.)

[Signature] 9-17-18
Signature of Agency Head/Designated Representative Date Signed

****As a certified Specialized Firearms Instructor, I hereby certify that the officer listed below has attained the score(s) as documented below. I understand that if the officer has failed to qualify, then I must deliver a copy of this form to the officer's agency head or designated representative within 72 hours either in person, or by certified mail. ****

F-9A (rev. 01.18)

NAME OR RANGE LOCATION: HPD Training Center

OFFICER'S NAME: Weldon Bullock

V. SERVICE HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Quality Yes/No	Print and Sign Name & Instructor Number
1. 9/6/18	SA	SIG	P220	45CAL	G300658	230gr	D	P	YOS	W.T. Bartholomew / 103 / 100061046
2. 9/6/18	SA	SIG	P220	45CAL	G300658	230gr	N	P	YOS	W.T. Bartholomew / 103 / 100061046
3.										
4.										

OFF-DUTY HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Quality Yes/No	Print and Sign Name & Instructor Number
1. 9/6/18	SA	KAHR	CW9	9MM	YB9149	147GR	D	P	YOS	W.T. Bartholomew / 103 / 100061046
2. 9/6/18	SA	KAHR	CW9	9MM	YB9149	147GR	N	P	YOS	W.T. Bartholomew / 103 / 100061046
3.										
4.										

SHOTGUN/RIFLE QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Quality Yes/No	Print and Sign Name & Instructor Number
1. 9/6/18	SG	REM	870	12GA	A8776411M	00BUCK/SLUG	D	P	YOS	W.T. Bartholomew / 103 / 100061046
2. 9/6/18	SG	REM	870	12GA	A8776411M	00BUCK/SLUG	N	P	YOS	W.T. Bartholomew / 103 / 100061046

AUTOMATIC/SPECIALTY WEAPONS/OTHER

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Quality Yes/No	Print and Sign Name & Instructor Number
1.										
2.										

COMBAT COURSE

Date	Day/Night	Pass/Fail	Comments	Print and Sign Name & Instructor Number
1. 9/6/18	DAY	Pass	Shot on the range / Situational Shooty / 100% Shooty / 103 / 100061046	W.T. Bartholomew / 103 / 100061046
2. 9/6/18	NIGHT	Pass	Shot on the range / Situational Shooty / 100% Shooty / 103 / 100061046	W.T. Bartholomew / 103 / 100061046

R-Revolver
SA-Semi Auto Handgun
SG- Shotgun
AW-Automatic Weapon
RF-Rifle
S&W-Smith & Wesson
GLO-Glock
BER-Beretta
RUG-Ruger
SIG-Sig Sauer
BEN-Benelli
CLT-Colt
WIN-Winchester
ARA-Armalite
SAV-Savage
BRO-Browning
H&K-Heckler & Koch
MOS-Mossberg
REM-Remington
BUS-Bushmaster
SW-Specialized Weapon
-SPF-Springfield
RRV-Rock River
Ammunition- Must be dry ammunition or ballistic equivalent ammunition.
Include sufficient information to fully describe such as caliber, projectile weight and type.
*Shr - * Standards handgun night requires use of flashlight at the 3-5yd line
** Standards accepts pass/fail rather than % scores

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SECTION II: Must be completed for every officer and signed and dated by the instructor(s).
SECTION III: Must be signed and dated by the officer.
SECTION IV: Must be signed and dated by the Agency Head or designated representative.
SECTION V: Must be completed and signed by the specific certified Specialized Firearms Instructor(s).

I. OFFICER'S NAME: Weldon W. Bullock SSN (Last 4): [REDACTED]

Certified by: NC Criminal Justice Education and Training Standards Commission: ☐ Yes ☒ No
Certified by: NC Sheriffs' Education and Training Standards Commission: ☒ Yes ☐ No

EMPLOYING/APPOINTING AGENCY: Vance Co Sheriffs Office

II. FIREARMS INSTRUCTOR COMPLIANCE - CLASSROOM REQUIREMENT

As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-service firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head or designated representative be notified.

The classroom session was completed on 2/4/19 (date)
WTP Bartholomew WTP Bartholomew 100061046 2/4/19
Print Name of Firearms Instructor Signature of Firearms Instructor Instructor # Date Signed

III. ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if I have failed to qualify with any weapons(s) required, I may not carry and/or have access to the weapon until such time as I have qualified. I further understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC .9E .0105 or 12 NCAC 10B .2103 as applicable.

W. Bullock 2/4/19
Signature of Officer Date Signed

IV. AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force, relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed to qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.

☒ I certify that the in-service firearms training consisted of a minimum of four (4) hours/credits (For Criminal Justice Commission only.)

Sherriff Ant R. Brane 2/5/19
Signature of Agency Head/Designated Representative Date Signed

OFFICER'S NAME: W.W. Bullock NAME OR RANGE LOCATION: HPA TC F-9A (rev. 01.18)

V. SERVICE HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										
3.										
4.										

OFF-DUTY HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1. 2/4/19	SA	SCCY	CPX-2	9mm	213612		D	P	YES	WJ Bartholomew / 100061046
2. 2/4/19	SA	SCCY	CPX-2	9mm	213612		N	P	YES	WJ Bartholomew / 100061046
3.										
4.										

SHOTGUN/RIFLE QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										

AUTOMATIC/SPECIALTY WEAPONS/OTHER

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										

COMBAT COURSE

Date	Day/Night	Pass/Fail	Comments	Print and Sign Name & Instructor Number
1. 2/4/19	Day	Pass	Short on the mark / Situational Shooting	WJ Bartholomew / 100061046
2. 2/4/19	Night	Pass	" "	WJ Bartholomew / 100061046

R-Revolver
SA- Semi Auto Handgun
SG- Shotgun
AW- Automatic Weapon
RF- Rifle
S&W- Smith & Wesson
GLO- Glock
BER- Beretta
RUG- Ruger
SIG- Sig Sauer
BEN- Benelli
CLT- Colt
WIN- Winchester
ARA- ArmaLite
SAV- Savage
BRO- Browning
H&K- Heckler & Koch
MOS- Mossberg
REM- Remington
BUS- Bushmaster
SW- Specialized Weapon
SPF- Springfield
RRV- Rock River
Ammunition: Must be duty ammunition or ballistic equivalent ammunition.
Include sufficient information to fully describe such as caliber, projectile weight and type.
*Sheriff's Standards handgun night requires use of flashlight at the 5-yd line
*Sheriff's Standards accepts pass/fail rather than 1/4 scores

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SECTION V: Must be completed and signed by the specific certified Specialized Firearms Instructor(s).

I. OFFICER'S NAME: Weldon Bullock SSN (Last 4): XXX-XX-XXXX

Certified by: NC Criminal Justice Education and Training Standards Commission:
Certified by: NC Sheriffs' Education and Training Standards Commission:

☐ Yes ☐ No
☒ Yes ☐ No

EMPLOYING/APPOINTING AGENCY: Vance Co. Sheriff's Office

II. FIREARMS INSTRUCTOR COMPLIANCE - CLASSROOM REQUIREMENT

As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-service firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head or designated representative be notified.

The classroom session was completed on: 12/22/19 (date)

William Taylor Bartholomew W. Bullock 100061046 12/22/19
Print Name of Firearms Instructor Signature of Firearms Instructor Instructor # Date Signed

III. ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if I have failed to qualify with any weapons(s) required, I may not carry and/or have access to the weapon until such time as I have qualified. I further understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable.

W. Bullock, J.
Signature of Officer

12/22/19
Date Signed

IV. AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force, relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed to qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.

☒ I certify that the in-service firearms training consisted of a minimum of four (4) hours/credits (For Criminal Justice Commission only.)

Christopher R. Brame
Signature of Agency Head/Designated Representative

Date Signed

**As a certified Specialized Firearms Instructor, I hereby certify that the officer listed below has attained the score(s) as documented below. I understand that if the officer has failed the course, then I must deliver a copy of this form to the officer's agency head or designated representative within 72 hours either in person, or by certified mail. **

OFFICER'S NAME: Weldon NAME OR RANGE LOCATION: Henderson F-9A (rev. 01.18)

V. SERVICE HANDGUN QUALIFICATION

V. SERVICE HANDGUN QUALIFICATION					Print and Sign Name & Instructor Number		
Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)
12-22	SA	Sig	P220	45 ACP	G300658	2306PM	P
12-22	SA	Sig	P220	45 ACP	G300658	2306PM	N

OFF-DUTY HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P(F))	Quality Yes/No	Print and Sign Name & Instructor Number
12-22	SA	Kahr	CW9	9mm	VB9149	1476m	D	P	Yes	AT Balthazard / 00001048
12-22	SA	Kahr	CW9	9mm	VB9149	1476m	N	P	Yes	AT Balthazard / 00001048

1 SHOTGUN/RIFLE QUALIFICATION

[illegible]

AUTOMATIC/SPECIALTY WEAPONS/OTHER

[illegible]

COMBAT COURSE

[illegible]